STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

	DAVID B.	CAMPBE	ก /	JUL 26 2017
I. Name of Lobbyist(s)	DAVID D.	CATOFFEC		NEW HAMPSHIRE
II. Name of lobbyist's partn	ership, firm or corporation	on, if any:		DEPARTMENT OF STATE
DAVID B.	<u> </u>	ATTORNET	AT LAW	<u>/</u>
(Name of pa	rtnership, firm or corporation)		a), 1	00.70
to KARAGE	M SR. ME	THVA City)	MT	03063
Business Address: (Street)	SUITE 429 (Town/	City)	(State)	(Zip Code)
(03) 883-1100	(G03) 88	$\frac{2-7/08}{(\text{Fay})}$ e-	mail Campb	celldavidb@
(Telephone)		(rax)	C	onerst. Her
III. This statement covers: (reportable expense transact				file a separate report for
All reportable transaction	s occurring in the months p	rior to the reporting o	late relative to the	following client:
Non II	think Northe	act Can	care Have	,
(Full)	Name of Client as it appears or	the Lobbyist Registrat	on Form)	<u> </u>
<u>OR</u>		,	,,	
☐ All reportable transactions unrelated to any particular cli		the lobbyist's family), or the lobbying f	irm listed below which are
IV. Date of Report Apri	126, 2017		26, 2017 🔀	
Reports cover: activity from	date of registration to 3/31/1		1 4/1/17 to 6/30/17	
	ober 25, 2017 from 7/1/17 to 9/30/17		ary 31, 2018 🗌 n <i>10/1/17 to 12/31/17</i>	7
V. There have been no fe If this box is checked, comple Concord, NH 03301.				
VI. Check if additional repo			>	
If you have received fees		\		
☐ If you have paid an hono Expense Reimbursement	rarium or reimbursed expen	ises, you must file Ac	idendum B- Repo	rt of Honorariums or
If you, your firm, or you	family has made political of	contributions, you mu	ast file Addendum	C- Political Contributions
Sworn Statement/Affirmati I have read RSA 15, RSA 15 and complete to the best of m (Signature of lobbyist)	B, RSA 14-C and RSA 664		r affirm that the for 7/25/2 (Date)	

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

A A A	1
I. Name of Lobbyist(s)	
II. Name of lobbyist's partnership, firm or corporation, if any:	
David B. Campbell Attorney-	at-Law
(Name of partnership, firm or corporation)	tion 1
(Name of partnership, firm or corporation) III. Name of Client NH Nurth (vast Corp.	Date 4/1/17 - 6/30/
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ [0,000,00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	a) \$ [0,000,00 b) \$ [0,000,00
c) Total of all fees received to date (Add lines a and b)	0)\$ 20,000,00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 2 0
V. Expenses:	VEC
Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) $s = \frac{1,437.00}{68.00}$ b) $s = \frac{68.00}{0}$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$68.00
c) Total of all itemized expenditures reported in detail in section VI.	c)\$

 d) Total expenses for this reporting period (Add lines a, b and c) e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) f) Total of all expenses year to date VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged. 	e) \$ $\frac{1,772.00}{1,772.00}$ f) \$ $\frac{3377.00}{2}$ Subbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Print Name of lobbyist)	

2nd Quarter



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

		Campbell	
II. Name of lobbyist's par	tnership, firm or corp	poration, if any:	
PAVIA B C	amphell /	Attarner at	Date 4-1-17 through 6-30-1
(Name of part	nership, firm or corporation)		
III. Name of Client New	1 Hampshire	Northcont (or	Date 4-1-17 through
Delitical Contributions	,	/	6-30-1
Political Contributions For each political contribut	tion that is reportable p	oursuant to RSA Chapte	er 664 paid on behalf of the
client/lobbyist and lobbyin	g firm, indicate the fol	lowing:	
	W. Lloor	01	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100	Office Candidate is	Seeking Office Limited
actual cost of the in-kind cont enter an estimated value and t		e for amount of contribut	ion. If the actual cost is not known,
Full name of candidate:	Morse	Charles	
Full name of candidate:	MOYJe (Last Name)	Charles (First Name)	(Middle Name/Initial)
	Morse (Last Name)	Charles (First Name) Office Candidate is S	(Middle Name/Initial) Seeking State Const.
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	d contribution, provide a	Office Candidate is S	or services provided, and enter the
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	d contribution, provide a ribution on the line above he word "estimate."	Office Candidate is Sa description of the goods re for amount of contribution	Seeking Staff Cenate
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	d contribution, provide a ribution on the line above the word "estimate."	Office Candidate is Sa description of the goods be for amount of contribution	or services provided, and enter the ion. If the actual cost is not known,
Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	d contribution, provide a ribution on the line above he word "estimate."	Office Candidate is Sa description of the goods re for amount of contribution	or services provided, and enter the ion. If the actual cost is not known, (Middle Name/Initial)

			<u>:</u> -
Full name of candidate:	(Last Name)	y Jeffrey (First Name) (Middle Name/Initial)	
Amount of contribution \$	100	Office Candidate is Seeking Shak Le	mt
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and the contribution is an in-kind contribution in the contribution is an in-kind contribution in the contribution is an in-kind actual to the contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual to the contribution is actua	ribution on the line above	a description of the goods or services provided, and are for amount of contribution. If the actual cost is no	enter the
Full name of candidate:	Foltes	Doniel	-
Amount of contribution \$	(Last Name)	(First Name) (Middle Name/Initial) Office Candidate is Seeking 574	- و بر با
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line above	description of the goods or services provided, and e for amount of contribution. If the actual cost is not	nter the known,
	6 (Caria	6-
Full name of candidate:	Daniels	2011	
Full name of candidate:	(Last Name)	(First Name) (Middle Name/Initial) Office Candidate is Seeking Shall Seeking	nute

Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	200	Office Candidate is	Seeking PAC	_
If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and	tribution on the line abov	a description of the good e for amount of contribu	ls or services provided, and enter ation. If the actual cost is not kn	r the own,
Full name of candidate:	NH Senat (Last Name)	e Republica (First Name)	m PAC (Middle Name/Initial)	
Amount of contribution \$	200	Office Candidate is	Seeking PAC	
If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and t	tribution on the line above	a description of the good e for amount of contribu	s or services provided, and enter tion. If the actual cost is not known	the own,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	(Last Name)	/	Seeking	
If the contribution is an in-kin-	ribution on the line above	description of the goods	s or services provided, and enter tion. If the actual cost is not kno	the
	WW 20-			
(If more than three contributions	were made, report additiona	l contributions on separate	addendum C forms.)	
Sworn Statement/Affirma	tion by Lobbyist			
(Signature of lobbyist)			that the foregoing information that the foregoing information (Date)	